South Dakota's Long-Term Care Partnership Program





MESSAGE FROM GOVERNOR ROUNDS

We all know that long-term care is an important issue, even though we may not want to talk about it. In reality, many of us will need some form of long-term care. While the need for long-term care is a normal part of aging, the majority of us do not plan adequately for this need or the costs.

People have greater independence, peace of mind, and control over their care choices when they take the time to learn and think about long-term care well before they may need it. Not only is long-term care about finances, it is about family relationships, housing and meeting your health and personal needs. Many elderly individuals believe their long-term costs will be covered by Medicare, but Medicare does not cover most long-term care.

To help individuals properly plan for their future, South Dakota is pleased to offer the Long-Term Care Partnership Program. By working together, this public-private partnership will offer individuals quality, affordable long-term care insurance and a way to receive needed care without depleting all their assets.

To learn more about the Long-Term Care Partnership Program in South Dakota, please check out the information available in this handbook.

Thinking about care choices before you need them gives you more options and more time to choose what is right for you and your family. I encourage you to take an active part in learning as much as you can about the Long-Term Care Partnership Program and decide if it is right for you.

Sincerely,

M Michael Kounds

INTRODUCTION

Most people do not like to think about the fact that they may one day need long-term care services. Most people are also surprised at the costs of long-term care and do not think of having to use their entire life savings to pay for those needs and services.

The reality is that about two-thirds of all Americans will likely need some type of supportive services after age 65. Approximately 40 percent of those 65 and older will eventually need long-term care in a nursing home or assisted living facility for a stay of over two years. Many elderly individuals believe their long-term costs will be covered by Medicare; the truth is that **Medicare does not cover most long-term care**.

This public-private partnership creates an innovative program offering individuals quality, affordable long-term care insurance and a way to receive needed care without depleting all their assets.

The information included in this handbook provides you and your family with important facts and benefits about the program and what you can do now to start planning ahead for your future long-term care needs. Thinking about care choices before you need them, gives you more options and more time to choose what is right for you and your family.

Benefits of the Partnership Program include:

- → Partnership policies are tax qualified plans under federal law and provide inflation protection benefits for purchasers.
- ✔ Provides an alternative to spending down or transferring assets by forming a partnership between Medicaid and private long-term care insurers.
- ✓ Once private insurance benefits are used, special Medicaid eligibility rules are applied if additional coverage is necessary.

What is the South Dakota Long-Term Care Partnership Program?

The South Dakota Long-Term Care Partnership Program, administered by the Department of Social Services and Division of Insurance, provides an alternative to spending down or transferring assets by forming a partnership between Medicaid and private long-term care insurers.

What is long-term care? Where is it provided?

Long-term care includes a wide range of services provided to people who need continued help with Activities of Daily Living.

EXAMPLES OF ACTIVITIES OF DAILY LIVING:

- ✓ bathing
- ✓ dressing
- ✓ eating
- using the toilet
- ✓ continence
- ✓ transferring from a bed to a chair

Long-term care can be provided in a variety of places, including a person's home, an assisted living facility or a nursing home.

What is the risk of needing long-term care?

Everyone is potentially at risk. A 2005 study found that 69 percent of people turning 65 years of age will need some form of long-term care before they die. Among those turning 65 years of age, 52 percent will need long-term care for at least one year before they die and 20 percent will need five years of care of more.

What can I do now to start planning for my long-term care?

Now is the time to start planning ahead for your future and making key care choices that will benefit you and your family before you actually need the care.

When planning for your future, consider the following:

- Communicate with family and friends
- Compare and understand long-term care insurance options
- ✓ Decide who you can count on for help
- Establish clear legal directions
- ✓ Focus on your finances
- → Learn what your community has to offer
- ✓ Make necessary home improvements
- Take control over your health and personal needs

What other areas should I think about when planning for my long-term care needs?

- ✓ Look into what the cost would be if you ever needed care in a nursing home, assisted living facility or in your home.
- ✓ Talk with your spouse, adult children, friends, and siblings about whether they would want to or be
 able to care for you if you became ill or disabled for a long period of time.
- → Think about alternative living options available to you, such as moving in with family, an assisted living facility, retirement community, or perhaps living in a low maintenance apartment or home.
- ✓ Consult with a trusted advisor or long-term care insurance agent about the options available to you when it comes to planning and financing for your long-term care.
- → Think about how much of your current income and assets you could afford to set aside to pay for long-term care expenses.
- ✓ Set aside funds to pay for long-term care and do so in a way that you won't use these funds for anything else. This may include purchasing long-term care insurance.
- ✓ Talk with your doctor about the potential risk of someday needing long-term care based on your lifestyle and medical and family history.

What is the cost of long-term care?

The average private pay rate for a semi-private room in a South Dakota nursing home in 2007 was \$137 a day, or over \$50,000 per year. The average cost for a day in a South Dakota nursing home has increased annually.

The average length of stay is 2.5 years, bringing the cost of an average stay to over \$125,000. Home care can be just as expensive, depending on the frequency and services required.

Doesn't Medicare cover the cost of long-term care?

Many assume Medicare will pay for their long-term care expenses. Medicare covers only a small portion of the country's long-term care costs. Medicare will pay for care in a nursing home only when certain conditions are met, and even then, you are only fully covered for 20 days. In certain situations, some people qualify for partial payment up to 100 days.

What does Medicare cover when it comes to long-term care?

Medicare, a federal health insurance program for disabled adults and adults age 65 and older, has specific rules that apply for payment of nursing home care. Medicare requires a 3-day hospital stay prior to transferring to a nursing home. Services received in a nursing home must relate to the illness or injury that caused the hospitalization. Medicare coverage for nursing home care ends once an individual's needs change from skilled care to custodial care.

What is Medicaid and Title XIX?

Medicaid and Title XIX are the same program. It is a program administered by the State of South Dakota to provide health care for low income individuals, families and children. Medicaid covers close to half of the nation's long-term care bill. In addition, individuals must meet certain eligibility and income criteria before they receive benefits from Medicaid.

Who can I contact for more information on South Dakota Medicaid?

Email: DSSInfo@state.sd.us Phone: 1-800-597-1603 Web: www.dss.sd.gov

What do Partnership policies provide?

- ✓ For a person who is less than 61 years of age as of the date of purchase, the policy provides compound annual inflation protection. This is one of the distinguishing features of a Partnership policy and also the inflation protection is a valuable benefit regardless of whether the policy is a Partnership policy.
- ✓ For a person who is at least 61 years of age, but less than 76 years of age, the policy provides some level of inflation protection that may not be less than 3 percent per year or a rate equal to the Consumer Price Index.
- ✓ Some Partnership policies cover home and community-based services. Individuals should consider looking into a policy that pays for these types of services.
- Agents who wish to sell Partnership policies must complete 8 hours of training initially and then 4 more hours every other year thereafter.
- ✓ Only Partnership policies provide Medicaid asset protection.
- → All Partnership policies will be tax qualified plans under federal tax law.

Does a Partnership policy cost more than a regular long-term care insurance policy? Partnership and other long-term care insurance policies with the same benefits and from the same company will have identical premiums.

Depending on your age, Partnership policies may include automatic inflation protection at 3 percent compounded annually and may also offer home and community-based services. If a regular long-term care insurance policy does not include these benefits, there will be a significant difference in the premiums. As you compare policies, make sure you also compare the benefits.

The Medicaid asset protection feature does not add to the cost of a Partnership policy. Only Partnership policies include Medicaid asset protection.

How does Medicaid asset protection work?

The most unique aspect of a South Dakota Partnership policy is the Medicaid asset protection feature. This feature provides dollar for dollar asset protection: for every dollar that a Partnership policy pays out in benefits, a dollar of assets can be protected from the long-term care Medicaid resource limit. When determining long-term care Medicaid eligibility, any assets you have up to the amount the Partnership insurance policy paid in benefits will be disregarded.

EXAMPLE:

If your Partnership policy paid \$200,000 in benefits, South Dakota's Medicaid program would allow you to keep \$200,000 in assets and still qualify for Medicaid Assistance. The amount of assets you are able to protect under the Partnership is in addition to the \$2,000 everyone is allowed to keep, including any assets your spouse may be allowed to retain.

REMEMBER:

The Partnership's Medicaid asset protection feature is not available under other long-term care insurance policies.

How do I know if purchasing a long-term care insurance policy is right for me?

For some, a long-term care policy is an affordable and attractive form of insurance. However, long-term care insurance policies may not be the best option for all South Dakotans and you should think carefully before purchasing one.

Carefully evaluate your needs and resources to decide whether long-term care insurance is appropriate. There are many decisions to be made and concerns to discuss with your family and close friends, so others are aware of your care needs.

What are some considerations to think about before purchasing a policy?

While there are a number of different things to consider and evaluate on which policy is the best to buy, here are some questions to keep in mind:

- ✓ What is the maximum benefit of the policy (2 years, 5 years, a lifetime)?
- → How long is the elimination period? The elimination period is the number of days paid out-of-pocket before the policy begins to pay.
- ✓ Is the policy tax qualified? All Partnership policies are tax qualified.
- ✓ Does the policy provide for home health care or adult day services?

Why should anyone consider purchasing a Partnership policy?

- Medicare covers only a small portion of nursing home and other long-term care costs.
- ✓ The average annual cost of a nursing home in South Dakota is over \$50,000.
- ▼ There are strict rules and penalties for transferring assets to qualify for Medicaid.
- The Partnership program will allow individuals to keep additional assets and qualify for Medicaid.
- ✓ You will choose and receive the long-term care of your choice, whether it be in a nursing home, or in your home, giving you and your family peace of mind if you should need long-term care.

What is annual inflation protection?

Under the Partnership, the premium stays level and **does not** automatically increase even though the benefits increase on an annual basis. However, it is possible that an annual premium increase could be implemented by the insurance company affecting all like policyholders.

Consideration should be given to include automatic inflation protection. In 2007, a policy paying out \$100/day could be worth less 20-30 years from now if the benefits were not inflated. If the benefits were not inflated for each year, you could have a substantial out of-pocket expense to make up the difference between the actual charge and what the insurance policy will pay.

How will I know how much long-term care insurance to buy?

In order to determine how much long-term care insurance you will need, the general rule of thumb is Cost of Care - Income = Benefit Amount.

EXAMPLE:

If monthly cost of care is estimated at \$4,500 and your anticipated monthly income is equal to \$1,500, you would want to purchase a policy with a \$100 per day benefit.

\$4,500 - \$1,500 = \$3,000/month

\$3,000/month divided by 30 = \$100 daily benefit

Are premiums for a long-term care insurance policy expensive?

The cost for long-term care insurance varies by the age, marital and health status of the applicant, as well as the level of coverage purchased and even the state of residence. Long-term care insurance protection for a typical 55-year-old in good health costs \$772-per-year, according to the 2006 Long-Term Care Insurance Price Index.

What factors contribute to the cost of a long-term care insurance policy?

Each company sets its own rates. Talking with your local agent will provide you with the much needed information you will need when it comes to specific rates and premiums. Premiums can vary greatly across companies and within companies depending on what features are included in your policy.

The following factors will have a direct impact on the amount of premium you will pay:

✓ Age:

Age is the single most important factor. The younger you are, the less expensive your premium will be.

✓ Inflation Protection:

Inflation protection increases your daily benefit and will increase the premium. This is one of the distinguishing features of a Partnership policy and also the inflation protection is a valuable benefit regardless of whether the policy is a Partnership policy.

✓ Elimination Period:

The shorter the elimination period, the more expensive your premium will be. This period is similar to a waiting period.

✓ Daily and Lifetime Benefit:

The greater the benefit purchased, the more expensive the premium will be.

✓ Riders or Options:

Additional features, such as a non-forfeiture benefit, will increase the premium.

✓ Spousal Discounts:

Most companies will provide some sort of discount if both spouses purchase a policy from the same company.

✓ Group Discounts:

Purchasing a policy through a group, such as your employer, may decrease the premium.

→ Paid Up Options:

Premiums can also be paid up within a specific period of time (10 or 20 years), in which case the annual premium for the specified period is higher than the annual premium would be if it was paid for the lifetime of the policyholder or until they need care.

✓ Health Factors:

Some companies offer lower premiums for applicants with good health.

What is the age limit for purchasing a Partnership policy?

There is no set age requirement for someone who is interested in purchasing a Partnership policy. Typically, companies will sell a Partnership policy to someone who is between the ages of 40 and 84. There are many companies who will sell to individuals as young as 18.

Who can purchase a Partnership policy?

A Partnership policy is ideal for someone who will not be able to afford the high cost of long-term care, but who can afford the reasonable cost of long-term care insurance. The younger you are when purchasing a long-term care insurance policy, the less expensive it is. If you have accumulated resources by saving, investing, or other, you may be the best candidate for a Partnership policy.

How can I purchase a Partnership policy?

Before purchasing a Partnership policy, you may want to consult with a trusted advisor or long-term care insurance agent so you are able to pick a long-term care product that is right for you. If you want to buy a Partnership policy, please contact your local agent or an insurance company that is approved to sell Partnership policies. Some employers may also offer long-term care insurance policies.

Currently, Partnership policies are available from the participating insurance companies which are authorized by the South Dakota Division of Insurance to market and sell these policies. The State of South Dakota does not sell Partnership policies, they administer and monitor the Long-Term Care Partnership Program.

Who are the participating insurers?

The participating insurers who are approved to sell Long-Term Care Partnership policies can be obtained by contacting the Division of Insurance.

✓ Phone:

605-773-3563

✓ Web:

www.state.sd.us/drr2/reg/insurance/longtermpartnership.html

How will I recognize a Partnership policy?

A policy, certificate, or contract designed or marketed as a Long-Term Care Partnership policy must prominently disclose on the **schedule page** and include the following:

- 1. The [policy, certificate, or contract] is intended to meet the standards for the Long-Term Care Partnership program in this state;
- Nothing in this [policy, certificate, or contract] is a guarantee of Medicaid eligibility nor is it a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. This notice is required by the State of South Dakota.

What if I already have a long-term care insurance policy?

Individuals with existing long-term care policies may be able to exchange their current policies for Long-Term Care Partnership policies through a rider, endorsement, or change in schedule page as long as the policy meets the core requirements for a Partnership policy.

While the South Dakota Long-Term Care Partnership Program allows for the exchange of policies, it is up to each insurer if they want to offer exchanges.

Will my Partnership policy premium increase every year?

Premiums remain level for the duration of the policy. Your premium can increase if the company increases premiums for everyone who has the same policy and receives approval for the increase from the South Dakota Division of Insurance.

What happens if I can no longer afford to pay the premiums for the policy?

Effective July 2, 2007:

Companies **must offer** people who are about to lapse their policies the option to reduce their lifetime maximum benefits, or other policy benefits and therefore, reducing their premium. If you still cannot afford to pay the premium of a reduced benefit offer, then, as with any insurance, you would have to drop the policy unless it contains a non-forfeiture option. If you have purchased a non-forfeiture option as part of your policy, it may be possible to receive reduced benefits without having to continue paying premiums. A non-forfeiture option **must be offered** to all applicants for long-term care insurance.

Prior to July 2, 2007:

Companies may or may not offer the above stated option.

What happens if I accidentally miss a monthly premium payment on my policy?

Applicants and policyholders should take full advantage of the option to designate someone to receive lapse notices. This provides you with an extra layer of protection should you accidentally miss a premium payment.

Premiums can be easily missed when you change addresses, have an extended absence or in the event of a serious injury or illness. Having someone designated to receive a notice will help prevent any unwanted cancellation of coverage.

Will South Dakota Medicaid try to recover my protected assets after I die?

No. The Estate Recovery Program will not recover the amount of assets disregarded when Medicaid eligibility was determined, less the amount of any disregarded assets that were disposed of prior to the individual's death.

What is the Estate Recovery Program?

The Department of Social Services administers the Estate Recovery Program, which files claims against the estates of deceased Medicaid recipients. This helps the Department recover the cost of Medicaid benefits it has provided to those recipients.

The Department is authorized to recover the cost of benefits provided to recipients for the following services:

- Nursing facility services (for all recipients)
- → Home and community-based services (for recipients 55 years of age and older)
- ✓ Intermediate care facility services for the mentally handicapped (for all recipients)
- Other institutional services (for all recipients)
- ✓ Hospital services (for all recipients)
- Prescription drug services (for recipients 55 years of age and older)
- More information on the Estate Recovery Program can be found here: www.dss.sd.gov/benefitfraud/estate

Do I have to use up all of my Partnership policy before I can apply or become eligible for South Dakota Medicaid?

If you have a Long-Term Care Partnership policy, you do not have to use up all of the benefits of the policy before applying for South Dakota Medicaid, but you will only receive a dollar for dollar disregard of the benefits used up to the point of application.

Can I be denied long-term care insurance if I have a pre-existing medical disorder or condition? If you have a serious medical disorder or condition, or a disease such as Alzheimer's disease, at the time of your application, some companies may not approve your application. If for some reason you would happen to develop a serious medical disorder or condition after being approved and purchasing the policy, the company cannot cancel the policy on that basis. Some group plans will accept applicants regardless of health status.

What if my employer does not offer long-term care benefits?

There are many insurance companies offering long-term care insurance policies on an individual basis. Contact your local agent on the choices available to you.

Activities of Daily Living (ADLs)

Activities that people do independently every day: eating, toileting, transferring, bathing, dressing and maintaining continence.

Acute Condition

A medically unstable condition requiring frequent monitoring of an individual by medical professionals, such as physicians and registered nurses.

Adult Day Services

Adult Day Services help adults remain living in their own homes for as long as possible. Through structured activities and services, Adult Day Services provide regular care and supervision outside of the home for part of a day.

Assisted Living

Assisted living is a residential alternative promoting maximum independence for each resident through a combination of supportive services and assistance.

Case Management

Case Management can help identify resources before a crisis occurs and can also help an individual locate the most appropriate resources and services which can best meet their needs.

Community-Based Services

Services provided that may prevent or delay the need for care in a long-term care facility, such as a nursing home or assisted living facility. Examples of community-based services may include: adult day services, respite care, homemaker services, personal care or home health services.

Copayment or Coinsurance

The amount you must pay for each medical service, outpatient hospital service or hospital stay.

Custodial Care

Non-medical care that helps individuals with Activities of Daily Living.

Daily Benefit Amount

The amount your insurance policy will cover for each day services are provided. Some policies pay a flat daily benefit amount, while others will pay reasonable and customary charges up to the daily benefit amount.

Deductible

The amount you must pay for health care before Medicare or private medical insurance begins to pay.

Dollar for Dollar Asset Protection

South Dakota Medicaid allows a person with a Partnership policy to protect the value of assets equal to the amount of benefits paid by the policy.

Elimination Period

The number of days of out-of-pocket expense paid by the insured for long-term care services after the insurance benefits are triggered. Sometimes this period is defined as the waiting period. Policies are available with shorter elimination periods at higher premium cost.

Exchange

Individuals with existing long-term care insurance policies may be able to exchange their current policies for Long-Term Care Partnership policies through a rider, endorsement, or change in schedule page as long as the policy meets the core requirements for a Partnership policy. While the South Dakota Long-Term Care Partnership Program allows for the exchange of policies, it is up to each insurer if they want to offer exchanges.

Functional Impairment

The need for assistance to carry out a specific number of Activities of Daily Living.

Guaranteed Renewable

Individual policies can be continued in force by the insured through the timely payment of premiums, and the insurer has no unilateral right to make any change in any provision of the individual policy while the insurance is in force except that premium rates may be revised by the insurer on a class basis. The insurer cannot decline to renew the individual policy as long as the insured makes timely payment of premiums.

Homemaker Services

These services provide individuals with assistance in completing tasks they are unable to do alone. These tasks may include general household activities, such as meal preparation and housekeeping.

Inflation Protection Benefit

Increases the daily benefit amount and policy maximums over time to help keep pace with inflation and increased expenses.

Lapse

A policy that has been cancelled due to the non-payment of premiums. Applicants and policyholders should take advantage of the option to designate someone to receive lapse notices. This provides you with an extra layer of protection should you accidentally miss a premium payment. Having someone designated to receive a notice will help prevent any unwanted cancellation of coverage.

Level Premium

A policy sold on the basis that the premium will remain the same throughout the life of the policy. An insurer may seek a premium increase for all policyholders in an insured class, and such an increase will apply to all policyholders within the class if granted.

Long-Term Care

Long-term care includes a wide range of services provided to people who need continued help with Activities of Daily Living, such as: bathing, dressing, eating, using the toilet, continence, transferring from a bed to a chair. Long-term care can be provided in a variety of places, including a person's home, an assisted living facility or a nursing home.

Long-Term Care Insurance

Insurance available through private insurance companies as a means for individuals to pay for needed care and protect themselves against the high costs of long-term care.

Long-Term Care Partnership Program

The South Dakota Long-Term Care Partnership Program, administered by the Department of Social Services and Division of Insurance, provides an alternative to spending down or transferring assets by forming a partnership between Medicaid and private long-term care insurers.

Maximum Policy Benefit

The period of time or dollar amount limit for which long-term care benefits will be paid under the policy.

Medicaid (Title XIX)

Medicaid and Title XIX are the same program. It is a program administered by the State of South Dakota to provide health care for low income individuals, families and children. In addition, individuals must meet certain eligibility and income criteria before they receive benefits from Medicaid.

Medicare

A federal health insurance program to assist those 65 and older and individuals under age 65 with certain disabilities. Medicare covers only skilled care in a skilled nursing home and limited nursing care at home. It does not usually provide benefits for personal or custodial care, and for this reason provides limited assistance in long-term care. Medicare requires co-payments and deductibles.

Nursing Home

Nursing homes provide care to people who cannot be cared for at home or in the community. For people who are unable to care for themselves due to physical, emotional, or mental health issues, nursing homes can provide a wide range of personal care and health services.

Period of Care

A specified number of days of care either in a nursing home or while receiving home care services without a break in the services.

Personal Care

Personal care services provide essential tasks necessary for individuals to remain living in the community. These services are provided if there is a medical-related condition and services are provided in the client's residence and workplace.

Pre-existing Condition

A condition for which medical advice was given or treatment was recommended by, or received from, a licensed health care provider within six months before the effective date of coverage.

If the insurer uses a pre-existing condition limitation, then the pre-existing condition limitation cannot be excluded from coverage for more that six months after the effective date of coverage.

Respite Care

Respite care provides temporary relief to the primary caregiver from the continuous support and care of an elderly or dependent adult.

CONTACT INFORMATION AND OTHER RESOURCES

To find out the most recent information about the Long-Term Care Partnership Program in South Dakota, please refer to the official website at: **Itcpartnership.sd.gov**. If you would like further information, please feel free to contact the below offices.

Department of Social Services Division of Insurance Phone: 1-800-597-1603 Phone: 605-773-3563

Email: DSSInfo@state.sd.us Email: insurance@state.sd.us

Web: www.dss.sd.gov Web: www.state.sd.us/drr2/reg/insurance/longtermpartnership.html

The following resources include information related to long-term care and long-term care insurance.

✓ AARP

www.aarp.org

- American Association of Homes and Services for the Aging (AAHSA) www.aahsa.org
- American Health Care Association (AHCA) www.ahca.org
- America's Health Insurance Plans (AHIP) www.ahip.org
- Centers for Medicare and Medicaid Services www.cms.hhs.gov
- → Family Caregiving 101

 www.familycaregiving101.org
- Federal Clearinghouse for Long-Term Care Information www.longtermcare.gov
- → Federal Long-Term Care Insurance Program www.ltcfeds.com/index.html
- National Association of Insurance Commissioners (NAIC) www.naic.org
- National Care Planning Council www.longtermcarelink.net
- National Council on Aging (NCOA) www.ncoa.org
- Senior Health Information and Insurance Education (SHINE) www.shiine.net
- South Dakota's Own Your Future Long-Term Care Awareness Campaign www.OwnYourFuture.sd.gov

